

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2010
NAME OF PROVIDER OR SUPPLIER NATIONAL CHILDREN'S CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 203 SHERIDAN ST. NW WASHINGTON, DC 20011	

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1 000	INITIAL COMMENTS A licensure survey was conducted on January 14, 2010, through January 15, 2010. A random sampling of two residents from a residential population of four males was selected for the survey. The results of the survey was based on observations in the home, interviews with the administrative, nursing and direct care staff, as well as a review of the resident and administrative records, including a review of the unusual incident reports.	1 000	<p><i>Received 2/24/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
1 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. The findings include: The environmental inspection of the GHMRP was conducted on January 15, 2010, at approximately 1:00 p.m., The inspection revealed the following: The exterior front porch roof, pillars and steps had chipping and peeling paint.	1 090		
1 188	3508.6 ADMINISTRATIVE SUPPORT	1 188		<p>The exterior front porch roof will be fixed and painted and the pillars and steps will be replaced and painted by our Facilities department.</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
DATE FORM	6490 MNI111	If continuation sheet 1 of 8

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I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. The findings include: The environmental inspection of the GHMRP was conducted on January 15, 2010, at approximately 1:00 p.m., The inspection revealed the following: The exterior front porch roof, pillars and steps had chipping and peeling paint.	I 090		
I 188	3508.6 ADMINISTRATIVE SUPPORT	I 188	The exterior front porch roof will be fixed and painted and the pillars and steps will be replaced and painted by our Facilities department.	3/17/10

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Laboratory Director's or Provider/Supplier Representative's Signature

DATE FORM

TITLE

(X6) DATE

MN111

If continuation sheet 1 of 6

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1 188	Continued From page 1 Documentation that services have been provided as required by each resident's Individual Habilitation Plan including contracts, vendor agreements, receipts, and paid bills shall be available for review by authorized regulatory personnel. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to have on file for review, current contracts for licensed consultants. The finding includes: On January 15, 2010, at approximately 10:30 a.m., review of personnel records and interview with the House Manager revealed that the following consultants' records (2 Psychologists and a Registered Nurse) were without current contracts at the time of the survey.	1 188	NCC will obtain and maintain an ongoing file for all consultants and staff working at this site. (see attached Futures Consultant Contracts)	3/17/10
1 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on personnel record review and staff interview, the group home for the mentally retarded person's (GHMRP) failed to secure an annual health screening as required by this section.	1 206		

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I 206	Continued From page 2 The finding includes: Record review and interview with the House Manager on January 15, 2010, at approximately 10:00 a.m., revealed three out of three consultants (Two Psychologists and a Registered Nurse) did not have a current health screening on file.	I 206	Residential Services in conjunction with the HR department will ensure that an ongoing file for all consultants and staff working are on file and available for review.	3/17/10	
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (CPR), the Heimlich maneuver, disaster plans and fire evacuation plans; This Statute is not met as evidenced by: Based on interview and record review, the group home for mentally retarded person's (GHMRP) failed to have on file for review, current training in CPR and first aid, for four of the nine staff. (Staff #2, #3, #6 and #7) The finding includes: Review of the personnel and training records on January 15, 2010, beginning at approximately 10:30 a.m., revealed the House Manager failed to provide documentation of staff training in cardiopulmonary resuscitation (CPR), and first aide for one of the nine house staff (Staff #2, Two Psychologist and one Registered Nurse). These findings were acknowledged by the House Manager.	I 227	All training records for this site will be on file and available for review. (See attachments A.1-A.10)	3/17/10	

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I 330	Continued From page 3	I 330			
I 330	<p>3517.8 ADMISSION POLICIES PROCEDURES</p> <p>Each GHMRP shall secure a physician's written report of the health inventory, which shall provide sufficient information concerning the resident's health including treatment, special diet, or medication orders to enable the GHMRP to provide appropriate services.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to secure a physician's written report of a health inventory that provided sufficient information concerning one of the two residents health needs included in the sample. (Resident #1's)</p> <p>The finding includes:</p> <p>Record review on January 15, 2010, at 8:58 a.m. revealed a medical assessment conducted by Resident #1's Primary Care Physician (PCP) dated July 13, 2009. According to the assessment, the resident had a diagnosis of obsessive compulsive biting on his forearm, which was referred for further assessment by the facility's psychologist.</p> <p>It should be noted that the PCP also ordered labs for Complete Blood Count (CBC), Comprehensive Metabolic Profile (CMP), Thyroid (TSH), and Urinalysis (UA); however, there was no documented evidence of the frequency of the labs ordered. Interview with the facility's Registered Nurse (RN) on January 15, 2010, at approximately 10:37 a.m., revealed that the aforementioned labs were ordered annually. Continued review of the medical assessment failed to provide any other diagnosis, special diet and/or medication orders.</p>	I 330	<p>NCC has transitioned to a new PCP. The Physician was unaware that the frequency of labs had to be placed on orders.</p> <p>NCC has communicated this info to the PCP and it will be on all lab orders. In addition, it was discussed with the PCP the appropriate forms to utilize to include diagnosis, special diet, and medication orders.</p>		

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I 330	Continued From page 4 At the time of the survey, the GHMRP failed to ensure that Resident #1's Primary Care Physician provided sufficient information concerning the resident's health.	I 330	PCP will provide sufficient information Regarding the residents health on the required forms. These forms will be available for review.		3/17/10
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on staff interview, and record verification, the facility failed to implement the resident's program objectives in accordance with his Individual Support Plan (ISP), for one of the two residents (Resident #1) included in the sample. The finding includes: Interview with the House Manager on January 15, 2010, at approximately 9:50 a.m., revealed Resident #1 had an ISP dated October 8, 2009. Continued review of the resident's ISP revealed a goal to remind the resident to close doors when he uses the bathroom. The goal also included steps to ensure appropriate handwashing was practiced at all times. Review of Resident #3's program record on January 15, 2010, approximately 10:00 a.m., failed to evidence the implementation of the aforementioned program objective. At the time of the survey, the facility's House Manager verified that the program for privacy had not been implemented.	I 422	NCC will ensure that staff is trained on all outcomes as well as documentation for all outcomes as written in the ISP.		3/17/10

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I 432	Continued From page 5	I 432			
I 432	<p>3521.7(c) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:</p> <p>(c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care);</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that residents' individual program plans (IPP) included training in personal skills, for one of the two residents (Resident #1) included in the sample.</p> <p>The finding includes:</p> <p>Interview with the House Manager on January 15, 2010 at approximately 9:50 a.m., revealed a new format was being used for the resident's program objectives. Review of the habilitation record verified the new format included in Resident #1's Individual Support Plan (ISP) dated October 8, 2009. Continued review of the resident's ISP revealed a goal to remind the resident to close doors when he uses the bathroom and also to ensure that appropriate handwashing was practiced at all times.</p> <p>Review of Resident #1's program record on January 15, 2010 approximately 10:00 a.m., failed to evidence the implementation of the aforementioned program objectives. At the time of the survey, the facility's House Manager verified that the program for privacy had not been implemented.</p>	I 432	<p>NCC will ensure that staff is trained on all outcomes as well as documentation for all outcomes as written in the ISP.</p>	3/17/10	

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1474	Continued From page 6	1474			
1474	<p>3522.5 MEDICATIONS</p> <p>Each GHMRP shall maintain an individual medication administration record for each resident.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that nursing staff maintained Medication Administration Records (MAR) for two of the residents (Residents #1 and #4) residing in the facility.</p> <p>The findings include:</p> <p>1. Interview with the Registered Nurse (RN) on January 14, 2010, at 4:56 p.m. revealed Resident #1 requires sedation (Valium) before medical appointments. The RN proceeded to look for the order, but it was not in the resident's record. Continued interview and review of the resident's medical record revealed a nurse's note dated December 4, 2009, to order "sedation before blood work." According to the RN Resident #1 was sedated for a blood draw on December 18, 2009.</p> <p>At 9:13 a.m., review of the resident's medical record on January 15, 2009 revealed no Medication Administration Records (MAR) no MAR's for April 2009 through August 2009. Additionally, at the time of the survey, there was no evidence of a MAR for the month of December 2009.</p> <p>2. Observation of the evening administration of medication on January 14, 2010, at 6:20 p.m. revealed Resident #4 received Seroquel 200 mg. Continued observation revealed a pill was still in medication bubble package for December 9,</p>	1474	<p>All MAR records will be on file and available for review. Information has been communicated to the RN who will review with the LPN to verify these documents remain on file.</p>	3/17/10	

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1474	Continued From page 7 2009. Interview with the Trained Medication Employee (TME) during the medication pass revealed that she did not know why the medication was still in the bubble package. Review of the MAR on January 15, 2010 at 9:34 a.m., revealed no evidence of a MAR for the month of December 2009. At the time of the survey, the GHMRP failed to ensure Resident #4 had a MAR for the month of December 2009.	1474	All medication will be disbursed as ordered by the LPN or trained Med Techs in the home. All MAR Records will be on file and made available at all times. RN will be in communication with LPN and home and verify these Documents remain on file. (See attachment C.1-C.24)	3/17/10 3/17/10